

Blood Donor's Pass

NAME

DIRECTORATE/OFFICE

APPT. DATE & TIME/INITIALS  
(Completed by Saf. Off. or Blood Coordinator)

DEPARTURE TIME (WORK SITE)  
(Completed by Supervisor's Initials)

DEPARTURE (DATE & TIME)  
(Completed by Red Cross initials)

RED CROSS

ACCEPTED

DEPERRED

SUPERVISOR'S SIGNATURE